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TREASURE STATE HEALTH

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Governor Names Council Appointees

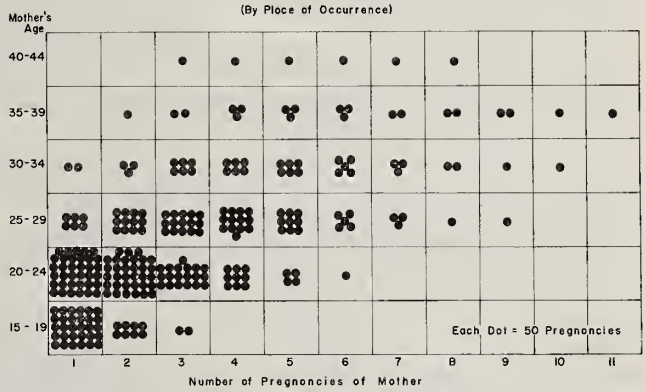
Governor Tim Babcock has announced the appointment of Stanley M. Lane, East Helena, and Msgr. Anthony Brown, Helena, to fill vacancies on the Montana Merit Council. These vacancies were created by the resignation of George Schotte, Butte, who is now a member of the legislature, and Msgr. Emmet Riley, Butte, deceased.

Members of the Hospital, Medical and Related Facilities Advisory Council who were reappointed for three year terms are Mrs. Steve Birch, Great Falls; W. Boyce Clark, Miles City; Miss Elizabeth Havnen, Great Falls; Thomas McMaster, Helena; A. W. Scribner, Helena; Ervin S. Thoreson, Great Falls. Eugene LaLonde, Sidney, is a new appointee, filling the vacancy created by the resignation of David Gregory, M.D., Glasgow.

Hold over members whose terms expire on January 1, 1968, are Mrs. Helen Johnson, Bozeman; Leonard Kuffel, M.D., Missoula; Mrs. Tom Payne, Missoula; Francis B. (Red) Welsch, Billings; Hubert White, Townsend. Appointments expiring on January 1, 1969 are M. E. Donovan, Helena; Bryce Hughett, M.D., Billings; V. R. Powers, Missoula.

Ex officio members are John S. Anderson, M.D., M.P.H., State Board of Health, chairman; W. J. Fouse, State Department of Public Welfare and Floyd A. Green, Department of Public Insitutions. Consultants to the Council are Jack C. Carver, Division of Vocational Rehabilitation, State Department of Public Instruction, and Stanley J. Rogers, M.D., State Mental Health authority.

TOTAL NUMBER OF PREGNANCIES BY AGE
MONTANA, 1965
(By Place of Occurrence)



Most Pregnancies Occur in Young Mothers

The chart above shows that most pregnancies occur in young mothers, and it is fortunate that the bulk of them occur in mothers 20-24 years of age, since this age group represents the best maternal risk.

The 40 dots on the chart representing the pregnancies of mothers under 20 years of age stand for a total of 2,024 conceptions. Among this group there were 386 mothers who had been pregnant twice and 95 had been pregnant three times. If there were less than 25 mothers in any category they are not shown on the chart.

There were 14 teen-age mothers who had been pregnant four times; one seven times; one six times and three five times. There were two 13-year-olds who were pregnant once; thirteen 14-year-olds who had been pregnant once and one who had been pregnant twice.

Fluoridation Requirements in Conn. and Ky.

The nation's first state-fluoridation law went into effect January 1, 1967 in Connecticut. It brings fluoridated water to one million of the State's residents. At the present time all water companies that have more than 50,000 customers are required to have fluoridation in effect and by October of this year the companies serving 20,000 will be included in this requirement. This will bring fluoridated water to 88% of the people in that State.

Kentucky is the first State to make fluoridation one of the standards for approval of the water supply by the

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Parents Participate in Cleft Palate Planning

A preliminary tabulation of replies received from a query sent to parents of children who are included in the Cleft Lip-Cleft Palate Program indicates they are most appreciative of the service. One of the most gratifying statements made by most of the parents indicates they feel the "team members have a warm and personal concern for their children," Mrs. Venus Tretsven, the Board's Coordinator of the Program, said.

The query specifically asked for parents' suggestions for the improvement of the program. Many of them expressed the need for better counseling immediately after the baby's birth. The need for more and specific information and help with feeding problems was often expressed. Several suggested it would be helpful if the parents of these children could meet together occasionally.

Many of them asked for more frequent team evaluations. The need for more speech therapy in Montana communities was mentioned often. There was little mention of a problem of travel distances that are required to bring their children to the clinics which are located in Helena, Great Falls and Billings.

School Health Study Directed by Former Montanan

Miss Elena M. Sliepcevich*, D.P.E., a native of Anaconda, Montana, is the director of a national school health education study currently underway.

The study, now in its fourth year, is financed by the Samuel Bronfman Foundation of New York City and the project staff is housed in the National Education's Department of Health, Physical Education and Recreation in Washington, D. C.

Expert guidance for the project's development and its progress has come from a committee of sixteen nationally recognized individuals whose professional backgrounds represent public health, medicine, school and college health education and educational administration. These individuals represent the National Education Association, the U. S. Office of Education, the American Medical Association, the U. S. Public Health Service and the National Congress of Parents and Teachers.

A report** published upon the completion of the first two years of the study states in part: "A picture of health instructional practices in a sample group of public school systems, as well as insights into the health behavior of students, evolved. This picture made it apparent that health instructional programs in the nation are in need of critical review. Although the scope of the study did not include an evaluation of the quality of individual health instruction programs, it is evident that there are undoubtedly some on-going programs that are sound and effective. Many more programs probably exist where concerted efforts are being made to discover program weaknesses and to cope with conditions that need upgrading. **But there are certainly a majority of stiuations where health instruction is virtually non-existent or where prevailing practices can be legitimately challenged. What passes for a program of health education in far too many instances is dubious."**

Critical Appraisal Recommended

Among the recommendations of the first phase of the study was that of the critical appraisal of all aspects of health instruction be made in each community. Some facets of the program that should be examined are:

(a) "professional preparation in health education and teaching effectiveness of staff assigned to health instruction.

(b) "nature and extent of responsibilities other than classroom teaching that are expected of those designated as health instructors.

(c) "in-service opportunities available to teachers for strengthening and expanding their professional competencies in health education.

(d) "scheduling practices and time allotment for health instruction.

(e) "organizational patterns and administrative factors affecting the health instructional program.

(f) "factors in the teaching-learning environment related to instruction and student health practices.

(g) "repetition of learning experiences and omission of health content areas.

(h) "policies related to the teaching of subject matter considered to be controversial.

(i) "placement and sequential development of health concepts by grade levels.

(j) "methodology and teaching approaches.

(k) "scientific accuracy and grade level appropriateness of instructional materials.

(l) "interpretation to the school staff, parents, and community of the need for health education, its objectives, and its unique characteristics.

(m) "parent education programs in health education to assure reenforcement of what is learned in schools."

Challenges

The findings and recommendations of this study challenge all communities, including those in Montana to take a serious look at health education in schools and teacher training institutions. "The study is a challenge to action and if this challenge is to move ahead it must be in an atmosphere where all concerned realize the importance of healthful living as fundamental to a purposeful life in all its dimensions, where there is commitment to programs of excellence, and where a deep and abiding conviction exists of the significance of health education in the total educational experience."

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*Miss Sleipcevich taught health and physical education in Anaconda and at Western Montana College in Dillon several years ago. After leaving Montana she earned her doctorate and taught at Ohio State University in Columbus, Ohio, and is currently on leave to direct this study.

**School Health Education Study: A Summary Report. Director School Health Education Study, 1964, 1201 Sixteenth Street, N. W. Washington, D. C. Single copies available on request from the Director.

MEET THE STAFF . . .

This is the fourth in a series of articles about the personnel having major administrative responsibilities in carrying out the Board's public health programs.

John R. Snyder, D.D.S., M.P.H., is the director of the Dental Health Division. He joined the SBH staff in November 1961. He came to Montana from the Minnesota State Health Department where he was employed as the assistant dental director, beginning in 1957. Following five years of army service he was engaged in private dental practice in Westbrook, Minnesota, before going into public health.

Dr. Snyder received both his D.D.S. and M.P.H. degrees from the University of Minnesota.

Responsibilities

The Dental Division which Dr. Snyder directs is assigned the responsibility for the prevention and control of dental and oral disease, which is carried out through programs of **prevention, research, education** and by **providing services.** Close cooperative working relationships are carried out with the local practicing dentists—without their assistance, the Board's dental health program could not function.

In the **prevention and control of oral disease,** the program is aimed to make "the hard tissues" more resistant to acid attack by the addition of fluoride ions. This is done by applying fluorides directly to the erupted teeth—the topical application program; or by incorporating fluorides into the tooth structure during its formation—the controlled fluoridation of public water supplies.

In the prevention and control of oral disease of the "soft tissues" dental and medical practitioners in the State are alerted to detect periodontal, venereal and oral cancer lesions to reduce morbidity and mortality.

One of the examples of the activities in the area of the **research** aspect of the program, is in determining the efficacy of the use of fluorides by making survey examinations. These examinations use the "Decayed, Missing and Filled" index as a meas-

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Montana's Heart, Cancer and Stroke Projects Summarized

Montanans are embarking on two projects, both attempting to reduce the toll and disability caused by Heart, Cancer and Stroke. One of these projects is called the **"Regional Medical Program"** which is a part of the program of the Western Interstate Commission for Higher Education and is directed by Frank L. McPhail, M.D., Great Falls. Dr. McPhail has taken a leave of absence from the Great Falls Clinic to direct this project. Employed on his staff are LeRoy Anderson, Ph.D., from the University of Montana in Missoula and Mrs. Esther Lantz, formerly employed on the SBH Medical Rejectee program.

The other is a State Board of Health project, entitled **"Planning for Action in Communities for Heart, Cancer and Stroke."** It is a Disease Control Program of which Mary E. Soules, M.D., M.P.H. is over-all director and this special project is under the direction of Catherine Steele, M.D. of Great Falls. Dr. Steele's office is in Great Falls. This staff will include in addition to Dr. Steele, a health educator. Recruitment for this health education position is underway and Miss Inga Hoem, health educator, is working on this program now in the Butte-Anaconda area.

The following chart, in simplified form, delineates briefly the two programs, their purposes and activities.

HEART, CANCER AND STROKE

Planning for Action in Communities

Geographic Areas: All Montana

Purpose: To encourage knowledge and acceptance of the preventive measures and proper utilization of health personnel and facilities. (Relates primarily to the people in the communities.)

Regional Medical Program

Geographic Areas: Montana, as a part of a region (Idaho, Nevada, Wyoming and Montana.)

Purpose: To analyze what is needed by physicians and other paramedical personnel to improve the care of patients. (Relates primarily to the physicians and paramedical personnel and health institutions.)

ACTIVITIES

Planning for Action in Montana Communities

1. Determine the needs so that the best use of knowledge may be made, particularly the preventive aspects.
2. Carry out public education programs to:
   a. Develop an understanding of heart, cancer and stroke —their prevention, early diagnosis and treatment.
   b. Create an understanding of how to use the personnel and facilities available in Montana.
   c. Motivate the use of Montana personnel and facilities.

(Areas of Concern to Both Programs)

1. Provide in-service training for paramedical personnel.
2. Develop a system of medical referral.

Regional Medical Program

1. Survey facilities and personnel.
2. Analyze survey results.
3. Determine the relationship of the results to the region.
4. Develop operational plans.

The staff of both programs are planning and working together. Where there are areas of concern to both programs, these will be jointly planned. There is already close coordination between the two programs — each implementing the efforts of the other.

WOMEN AS WELL AS MEN ARE VICTIMS OF EMPHYSEMA AND CHRONIC BRONCHITIS

The National Center for Chronic Disease Control of the Public Health Services says that the number of women dying from emphysema and chronic bronchitis has quadrupled during the last 10 years. During 1964 the number of deaths in women was small—3,146, compared with male deaths—17,062. Nevertheless, the increase in deaths have been remarkably parallel over the last few years, Albert Roberts, M.D., Chief of the Center's Chronic and Respiratory Disease Program said. "We can no longer consider emphysema and chronic bronchitis as strictly male diseases."

Slow to develop, emphysema and chronic bronchitis cause progressive shortness of breath, increasing disability, and often premature death. These two chronic lung diseases have become major health problems in recent years. In 1945, they killed 2,300 Americans; in 1964, they accounted for 20,208 deaths, a nine-fold increase. Chronic respiratory disease is second only to heart disease as a cause of Social Security compensated disability in American workers.

The increasing toll of disability and death from emphysema and chronic bronchitis is attributed to cigarette smoking. The smoking habit has increased at a rate very similar to the increase in disability and death from these two diseases.

Poison Prevention Week, March 19-25, 1967

"Each year, half a million people take poison, either intentionally or by accident. Approximately 1,700 die, 1,300 from poisoning in the home. Of these 400 are children too young to go to school or to understand the meaning of poison. Over half of the 1,300 are adults who should know better." This statement is made by the American Medical Association in its pamphlet, "Protecting Your Home from Unlabeled Poisons."

Accidental poisoning is preventable!

Poison Hazards

Household chemicals are all too often stored in the cupboard under the kitchen sink, in the medicine cabinet or on a low shelf in the laundry where children have access to them. Among these common chemicals are soaps and detergents, household ammonia, silver and brass polishes, disinfectants, room deodorants, toilet bowl cleaners and drain openers, sprays and poisons for ants, roaches, flies, mosquitoes and other household pests.

The only safe thing to do is to keep these chemicals where children cannot reach them. Poisonous substances should never be stored with or near food to prevent accidentally mixing them up when in a hurry.

Medicines account for half of all accidental poisonings of children under five years of age. The leading single cause is aspirin and it accounts for a fifth of all reported poisonings. If parents refer to pediatric aspirin as candy when they want an ill child to take it, it is no wonder children will eat it as candy if it is where they can get it. Other medicines causing child poisoning are vitamins, iron preparations, laxatives, tranquilizers, cough medicine, antihistamines, sedatives — in fact anything a child watches an adult take. Medicines should be stored away from all other substances to keep them from getting mixed up. The cabinet in which they are stored should be locked or otherwise inaccessible to children.

The home workshop is full of attractions to children—paints and varnishes, solvents such as turpentine, benzene and lacquer thinner, waxes and polishes which are sometimes stored in soft drink bottles. **Never put toxic or corrosive substances in a soft drink bottle. Be sure everything in your shop is properly labeled.**

Garden chemicals can be mistaken for something else or can get into the mouth from soiled hands while smoking or drinking. They may also be absorbed through the skin. Most fertilizers, weed killers, insect sprays, and dusting powders are designed for safe use in the home garden, but not the highly poisonous materials used in commercial agriculture. The garden chemicals must be stored out of the reach of youngsters exploring their neighborhood and experimentally mouthing everything they encounter. Proper labels will allow the user to be conscious of the hazards that may exist.

G. D. CARLYLE THOMPSON, M. D., RECEIVES McCORMACK AWARD

G. D. Carlyle Thompson, M.D., M.P.H., Salt Lake City, received the McCormack Award for outstanding public health service. Dr. Thompson was the executive officer of the Montana State Board of Health from 1950-1961. On leaving Montana Dr. Thompson assumed the position of executive officer in the Utah State Health Department, which position he still holds.

This award was presented December 9th by the Association of State and Territorial Health Officers at its annual conference in Washington, D. C. The criteria for receiving the award states that the recipient must have been in public health for 25 years or more, at least 10 of which shall have been as state health officer; and must have one or more major accomplishments to his credit in public health administration.

The inscription on the award states, "To G. D. Carlyle Thompson . . . His unselfish devotion to the ideals of sound public health practice and his constructive leadership have benefited the people of his State, the nation, and this Association."

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MEET THE STAFF

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ure of decay experience. From the base evaluation preceding a survey program it is possible to make comparisons with gains as they accumulate over the years.

Some of the activities in the area of **service** are: monitoring dental x-ray equipment upon request and assisting communities with the organization and conduct of survey topical, x-ray programs and their evaluation.

Dental health educational programs are conducted for professional health personnel, teachers and the public. A program is underway to assist practicing dentists who give care to handicapped children, particularly the retarded, with the cooperation of the staff of the State Training School and Hospital at Boulder. A manual for local dentists to use in the local education programs they carry out has been developed.

FLUORIDATION

(Continued from page 1)

State Board of Health. This ruling will be effective on July 22nd. About two-thirds of the population on public water supplies in Kentucky already has fluoridated water.

Controlled fluoride programs make available fluorides in the public water supply in the amount of 1.2 parts per million which is the recommended amount needed to partially control dental decay. There are six of Montana's cities that have controlled fluoridation. They are Bozeman, Conrad, Laurel, Miles City, Roundup, and St. Ignatius, which serve a total of 37,800 people; and there are 40 communities, with a population of 139,000 (Great Falls the largest — 58,500) and many private water supplies that have an adequate amount (0.7+ ppm) of natural fluoride in the water supply. But this brings these benefits to a total of only 37.1% of Montana's population (477,000) on public water supplies.

COMING EVENTS . . . .

April 5-7—Montana Public Health Association, Havre.

April 19-21—Course on Food Instruction Techniques for Sanitarians, Helena.

April 20-22—Montana Tuberculosis Association, Lewistown.

June 6-8—Regional Rehabilitation Association Conference, Billings.

SECOND CLASS POSTAGE PAID AT HELENA, MONTANA